

1424

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		ORIGINAL CERTIFICATE OF BIRTH	
1. County of <u>Yuma</u>	District of _____	State Index No. <u>115</u>	County Registrar No. <u>446</u>
Town of _____	or <u>Globe</u>	Local Registrar No. _____	St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Catharina Ordaz</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>F</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>Yes</u>
6. No., in order of birth _____		7. Date of birth <u>June 3 - 1924</u>	
8. FATHER		9. MOTHER	
Full name <u>Daniel Ordaz</u>		Full maiden name <u>Rosie Frances</u>	
10. Residence (Usual place of abode) <u>near Co. Hosp. Globe</u>		11. Residence (Usual place of abode) <u>Globe Ariz.</u>	
If nonresident, give place and state		If nonresident, give place and state	
12. Color or race <u>Mex</u>		13. Age at last birthday <u>20</u> (Years)	
14. Birthplace (city or place) <u>Morenci Ariz.</u>		15. Birthplace (city or place) <u>Globe Ariz.</u>	
(State or country)		(State or country)	
16. Occupation <u>Laborer</u>		17. Occupation <u>Housewife</u>	
Nature of industry		Nature of industry	
18. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		19. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>	
(a) Born alive and now living _____		(b) Born alive but now dead _____	
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>12 PM</u> on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>W. W. Mont</u>	
Given name added from supplemental report _____		(Physician or midwife)	
Month, day, year. _____		Filed <u>JUL 3</u> 19 <u>24</u>	
Registrar. _____		Filed <u>JUL 3</u> 19 <u>24</u>	
		County Registrar. <u>B. J. S. J. A.</u>	

369-603-966